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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

042390.P7955

First Inventor or Application Identifier

Rick Dedrick

Title

ELECTRONIC ASSET LENDING LIBRARY METHOD AND APPARATUS

Express Mail Label No.

EL414969609US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)

2. ☒ Specification [Total Pages 26]  
(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 2]

4. Oath or Declaration [Total Pages 5]  
a. ☐ Newly executed (original copy)  
b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)

- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 CFR §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO - 1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \*Small Entity Statement filed in prior application,  
Statement(s) Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15. ☐ Other: .....

\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application Information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For **CONTINUATION or DIVISIONAL APPS only**: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**☐ Customer Number of Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name

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Signature

Date

03/31/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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|   |                |  |  |                    |  |             |                |                      |              |               |  |                |  |                     |              |
|---|----------------|--|--|--------------------|--|-------------|----------------|----------------------|--------------|---------------|--|----------------|--|---------------------|--------------|
| <h2 style="margin: 0;">FEE TRANSMITTAL<br/>for FY 1999</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.<br/>Small Entity payments must be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R §§ 1.27 and 1.28.</p> |                | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td>March 31, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Rick Dedrick</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group/Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>042390.P7955</td> </tr> </table> |  | Application Number |  | Filing Date | March 31, 2000 | First Named Inventor | Rick Dedrick | Examiner Name |  | Group/Art Unit |  | Attorney Docket No. | 042390.P7955 |
| Application Number  |                |  |  |                    |  |             |                |                      |              |               |  |                |  |                     |              |
| Filing Date   | March 31, 2000 |  |  |                    |  |             |                |                      |              |               |  |                |  |                     |              |
| First Named Inventor  | Rick Dedrick   |  |  |                    |  |             |                |                      |              |               |  |                |  |                     |              |
| Examiner Name   |                |  |  |                    |  |             |                |                      |              |               |  |                |  |                     |              |
| Group/Art Unit  |                |  |  |                    |  |             |                |                      |              |               |  |                |  |                     |              |
| Attorney Docket No.   | 042390.P7955   |  |  |                    |  |             |                |                      |              |               |  |                |  |                     |              |
| TOTAL AMOUNT OF PAYMENT   | (\$)           | 912.00   |  |                    |  |             |                |                      |              |               |  |                |  |                     |              |

| <p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees:</p> <p>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit any over payments to:</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">             Deposit Account Number: 02-2666         </div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">             Deposit Account Name: Blakely, Sokoloff, Taylor &amp; Zafman LLP         </div> <p><input checked="" type="checkbox"/> Charge Any Additional Fees Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Check                <input type="checkbox"/> Money Order                <input type="checkbox"/> Other         </p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6">1. BASIC FILING FEE</th> </tr> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>101</td> <td>690</td> <td>201</td> <td>345</td> <td>Utility filing fee</td> <td>\$690.00</td> </tr> <tr> <td>106</td> <td>310</td> <td>206</td> <td>155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>480</td> <td>207</td> <td>240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>690</td> <td>208</td> <td>345</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$) 690.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6">2. EXTRA CLAIM FEES</th> </tr> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>78</td> <td>202</td> <td>39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>260</td> <td>204</td> <td>130</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>78</td> <td>209</td> <td>39</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$) 222.00</td> </tr> </table> | 1. BASIC FILING FEE |              |          |  |             |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 690 | 201 | 345 | Utility filing fee | \$690.00 | 106 | 310 | 206 | 155 | Design filing fee |  | 107 | 480 | 207 | 240 | Plant filing fee |  | 108 | 690 | 208 | 345 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | (\$) 690.00 | 2. EXTRA CLAIM FEES |  |  |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 78 | 202 | 39 | Independent claims in excess of 3 |  | 104 | 260 | 204 | 130 | Multiple Dependent claim, if not paid |  | 109 | 78 | 209 | 39 | **Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | (\$) 222.00 | <p><b>3. ADDITIONAL FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>116</td> <td>380</td> <td>216</td> <td>190</td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>117</td> <td>870</td> <td>217</td> <td>435</td> <td>Extension for response within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,210</td> <td>218</td> <td>680</td> <td>Extension for response within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,850</td> <td>228</td> <td>925</td> <td>Extension for response within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>300</td> <td>219</td> <td>150</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>300</td> <td>220</td> <td>150</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>260</td> <td>221</td> <td>130</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,210</td> <td>241</td> <td>605</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,210</td> <td>242</td> <td>605</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>430</td> <td>243</td> <td>215</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>580</td> <td>244</td> <td>290</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>790</td> <td>246</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>790</td> <td>249</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td>(\$) _____</td> </tr> </table> | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for response within first month |  | 116 | 380 | 216 | 190 | Extension for response within second month |  | 117 | 870 | 217 | 435 | Extension for response within third month |  | 118 | 1,210 | 218 | 680 | Extension for response within fourth month |  | 128 | 1,850 | 228 | 925 | Extension for response within fifth month |  | 119 | 300 | 219 | 150 | Notice of Appeal |  | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal |  | 121 | 260 | 221 | 130 | Request for oral hearing |  | 138 | 1,510 | 138 | 1510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional |  | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) |  | 143 | 430 | 243 | 215 | Design issue fee |  | 144 | 580 | 244 | 290 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 790 | 246 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 790 | 249 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | (\$) _____ |
|---|---------------------|--------------|----------|--|-------------|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|-----|--------------------|----------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|---------------------|--|--|--|--|-------------|---------------------|--|--|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|----|-----|----|---|--|-----|----|-----|---|---|--|---------------------|--|--|--|--|-------------|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|------------|
| 1. BASIC FILING FEE   |                     |              |          |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| Large Entity  |                     | Small Entity |          | Fee Description  | Fee Paid    |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| Fee Code  | Fee (\$)            | Fee Code     | Fee (\$) |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 101   | 690                 | 201          | 345      | Utility filing fee   | \$690.00    |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 106   | 310                 | 206          | 155      | Design filing fee  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 107   | 480                 | 207          | 240      | Plant filing fee   |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 108   | 690                 | 208          | 345      | Reissue filing fee   |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 114   | 150                 | 214          | 75       | Provisional filing fee   |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| <b>SUBTOTAL (1)</b>   |                     |              |          |  | (\$) 690.00 |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 2. EXTRA CLAIM FEES   |                     |              |          |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| Large Entity  |                     | Small Entity |          | Fee Description  | Fee Paid    |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| Fee Code  | Fee (\$)            | Fee Code     | Fee (\$) |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 103   | 18                  | 203          | 9        | Claims in excess of 20   |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 102   | 78                  | 202          | 39       | Independent claims in excess of 3  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 104   | 260                 | 204          | 130      | Multiple Dependent claim, if not paid                                      |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 109   | 78                  | 209          | 39       | **Reissue independent claims over original patent                          |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 110   | 18                  | 210          | 9        | **Reissue claims in excess of 20 and over original patent                  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| <b>SUBTOTAL (2)</b>   |                     |              |          |  | (\$) 222.00 |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| Large Entity  |                     | Small Entity |          | Fee Description  | Fee Paid    |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| Fee Code  | Fee (\$)            | Fee Code     | Fee (\$) |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 105   | 130                 | 205          | 65       | Surcharge - late filing fee or oath  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 127   | 50                  | 227          | 25       | Surcharge - late provisional filing fee or cover sheet.                    |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 139   | 130                 | 139          | 130      | Non-English specification  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 147   | 2,520               | 147          | 2,520    | For filing a request for reexamination                                     |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 112   | 920*                | 112          | 920*     | Requesting publication of SIR prior to Examiner action                     |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 113   | 1,840*              | 113          | 1,840*   | Requesting publication of SIR after Examiner action                        |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 115   | 110                 | 215          | 55       | Extension for response within first month                                  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 116   | 380                 | 216          | 190      | Extension for response within second month                                 |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 117   | 870                 | 217          | 435      | Extension for response within third month                                  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 118   | 1,210               | 218          | 680      | Extension for response within fourth month                                 |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 128   | 1,850               | 228          | 925      | Extension for response within fifth month                                  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 119   | 300                 | 219          | 150      | Notice of Appeal   |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 120   | 300                 | 220          | 150      | Filing a brief in support of an appeal                                     |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 121   | 260                 | 221          | 130      | Request for oral hearing   |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 138   | 1,510               | 138          | 1510     | Petition to institute a public use proceeding                              |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 140   | 110                 | 240          | 55       | Petition to revive - unavoidable   |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 141   | 1,210               | 241          | 605      | Petition to revive - unintentional   |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 142   | 1,210               | 242          | 605      | Utility issue fee (or reissue)   |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 143   | 430                 | 243          | 215      | Design issue fee   |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 144   | 580                 | 244          | 290      | Plant issue fee  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 122   | 130                 | 122          | 130      | Petitions to the Commissioner  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 123   | 50                  | 123          | 50       | Petitions related to provisional applications                              |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 126   | 240                 | 126          | 240      | Submission of Information Disclosure Stmt                                  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 581   | 40                  | 581          | 40       | Recording each patent assignment per property (times number of properties) |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 146   | 790                 | 246          | 395      | Filing a submission after final rejection (37 CFR 1.129(a))                |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| 149   | 790                 | 249          | 395      | For each additional invention to be examined (37 CFR 1.129(b))             |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| Other fee (specify) _____   |                     |              |          |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| Other fee (specify) _____   |                     |              |          |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |
| <b>SUBTOTAL (3)</b>   |                     |              |          |  | (\$) _____  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |             |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |            |

|                       |                    |          |  |                                 |         |
|-----------------------|--------------------|----------|--|---------------------------------|---------|
| <b>SUBMITTED BY</b>   |                    |          |  | <b>Complete (if applicable)</b> |         |
| Typed or Printed Name | Donna Jo Coningsby |          |  | Reg. Number                     | 41,684  |
| Signature             |                    |          |  | Deposit Account User ID         | 02-2666 |
|                       | Date               | 03/31/00 |  |                                 |         |